| New | Renewal |
|-----|---------|
|-----|---------|



| For office use only: |
|---------------------------|
| Licensing Year: |
| License No.: Date Issued: |

CEREAL MALT BEVERAGE LICENSE SUPPLEMENTAL WORKSHEET

| BUSINESS ADDRESS BUSINESS PHONE | | | | | | |
|--|---|--|--|--|--|--|
| CONTACT PERSONPHONE NUMBER | | | | | | |
| MAILING ADDRESS FOR RENI | EWALS | | | | | |
| KANSAS SALES TAX NUMBER | (If just applied for, please write applied for in this space, if you need the forms; call 785-296-4937) | | | | | |
| Principal enterprise of the busine | (Please specify: tavern, grocery store, cafe, private club, etc.) | | | | | |
| Date | Signature | | | | | |
| | For Office Use Only: | | | | | |
| | | | | | | |
| | remises \$200.00 Unopened Packages \$50.00 + \$25.00 State Revenue Stamp = Total Paid \$ Date Received by | | | | | |
| Amount \$ | + \$25.00 State Revenue Stamp = Total Paid \$ | | | | | |
| Amount \$ Receipt No | + \$25.00 State Revenue Stamp = Total Paid \$ DateReceived by | | | | | |
| Amount \$ Receipt No The sanitary facilities (DO / DO I | + \$25.00 State Revenue Stamp = Total Paid \$ DateReceived by Certificate of Health Department | | | | | |
| Amount \$ Receipt No The sanitary facilities (DO / DO I for (CONSUMPTION ON PREM Date | + \$25.00 State Revenue Stamp = Total Paid \$ | | | | | |
| Amount \$ Receipt No The sanitary facilities (DO / DO I for (CONSUMPTION ON PREM Date | + \$25.00 State Revenue Stamp = Total Paid \$ | | | | | |
| Amount \$ Receipt No The sanitary facilities (DO / DO I for (CONSUMPTION ON PREM Date | + \$25.00 State Revenue Stamp = Total Paid \$ | | | | | |

Certificate of Police Department

- 1. The applicant (HAS/HAS NOT) been convicted of a felony within two year immediately preceding the date of making this application.
- 2. The applicant (HAS/HAS NOT) been convicted of a crime involving moral turpitude within two years immediately preceding the date of making this application.
- 3. The applicant (HAS/HAS NOT) been adjudged guilty of drunkenness within two years immediately preceding the date of making this application.
- 4. The applicant (HAS/HAS NOT) been adjudged guilty of driving a motor vehicle while under the influence of intoxication liquors within two years immediately preceding the date of making this application.
- 5. The applicant (HAS/HAS NOT) been convicted of the violation of any state or federal intoxicating liquor law within two years immediately preceding the date of making this application.

| Date | Police Department |
|------|-------------------|
| | • |

7/5/05

I hereby (APPROVE / DISAPPROVE) this application.

(This form prepared by the Attorney General's Office) (Firm, Partnership, or Association application form)

APPLICATION FOR LICENSE TO RETAIL CEREAL MALT BEVERAGES

| ,,COUNTY, KANSAS | ······································ |
|--|---|
| TO THE GOVERNING BODY OF THE CITY OF | , KANSAS |
| THE BOARD OF COUNTY COMMISSIONERS OF | COUNTY, KANSAS |
| Ι | , on behalf of a firm, |
| partnership, of association (circle the proper one) known as | |
| hereby apply for a license to retail cereal malt beverages in conformity with the law and regulations prescribed, and hereafter to be prescribed to you, relating to the beverage; and for the purpose of securing such license, I make the following states | ne sale or distribution of cereal malt |
| 1. The firm, copartnership, or association is made up of the following persons who birth, places of birth, methods of obtaining United States citizenship with date an basis of citizenship, together with the length of each person's residence within the to which this application is being made, are set forth below: | d place of naturalization, if that is the |
| | |
| I hereby certify that with regard to each of the above-named persons the follo None of them has within the last two years from this date been convicte (a) A felony (b) A crime involving moral turpitude (c) Drunkenness (d) Driving a motor vehicle while under the influence of intoxicating lice (e) Violation of any state or federal intoxicating liquor law If any of the above have been convicted of any of the above-specified offense | d of: quors |
| 3. (a) The premises for which the license is desired are located at | |
| (b) The legal description of the premises is | |
| (c) The street number is | |
| (d) The building is described as | |
| (e) The business will be conducted under the name of | |

| (f) The place of business will be conducted by the following manager, if not by one of the firm, partnership, association members |
|--|
| (g) Said manager's place and date of birth |
| (h) Said manager's residence in the State of Kansas in County and the City of are as follows: |
| (i) Said manager is a citizen of the United States by birth (), naturalization (), is not a citizen (). If naturalized citizen, the place and date of naturalization are |
| (j) Said manager has not been convicted of any of the crimes specified in number 2 above (). If he has, t details are as follows: |
| 4. The name(s) and address(es) of the owner or owners of the premises upon which the proposed business will conducted is/are |
| 5. This application is for a license to retail cereal malt beverages for consumption on the premises (). For a licer to retail cereal malt beverages in original and unopened containers and not for consumption on the premises (). |
| A license fee of \$is enclosed herewith. |

| I, | | , one of the |
|--|--|---|
| partners (), association (), or firm members () beverages hereby agree to comply with all the laws of and hereafter to be prescribed by you, relating to the sa agree to purchase all cereal malt beverages from a who Kansas, and do hereby further consent to the immediat issued pursuant to this application by the proper official | the State of Ka ale or distribut blesaler, licens te revocation o | ansas, and all rules and regulations prescribed, tion of cereal malt beverages, and do hereby and bonded under the laws of the State of the cereal malt beverage retail license, if any, |
| - | (Signature and off | ficial position of individual making application) |
| STATE OF KANSAS, COUNTY OF | | |
| (Signature a | and official position | on), of the |
| (Name of fi | irm, copartnership | p, or association), do |
| solemnly swear that I have read the contents of this appropriate contained are complete and true. So help me God. | plication, and | that all information and answers herein |
| | | (Signature and official position) |
| SUBSCRIBED AND SWORN TO before me this | day of | , |
| - | | (Character of official administering oath) |
| My commission expires on the | day of | |
| APPLICATION APPROVED this | day of | |
| Ву | | |
| | | (Official position) |
| of(City or county) | , Kai | nsas |
| | | |
| Recorded in Volume, at | page | |

NOTE: A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE APPLICATION FEE REQUIRED BY K.S.A. 2001 SUPP. 41-2702(e), MUST BE SUBMITTED TO THE **DIVISION OF ALCOHOLIC BEVERAGE CONTROL BUREAU, KANSAS DEPARTMENT OF REVENUE.**

DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS SPECIAL TAX REGISTRATION AND RETURN ALCOHOL AND TOBACCO

| | (Please Read Instruction | | | | | | | |
|---|---|-----------------------|--|--------------------|-------------|----------|-------------|--|
| SECTION I - TAXPAYER IDENTIFYING INFORMATION 1. EMPLOYER IDENTIFICATION NUMBER (Required see instructions) 2. BUSINESS TELEPHONE NUMBER () | | | | FOR ATF USE ONLY | | | | |
| NAME (Last, First, Middle) or CORPORATE NAME (If Corporation) | | | | | + | | | |
| 3. NAME (Last, First, Middle) or CORPORATE NAME (If Corporation) | | | | | FF FF | | | |
| 4. TRADE NAME | | | | | | | | |
| | | | | | FP | | | |
| 5. MAILING ADDRESS (Street address or P.O. box number) | | | | | ı | 1 | | |
| 6. CITY STATE ZIP CODE | | | | | | Т | | |
| | | | | | 9. TAX PE | RIOD COV | ERING | |
| | ACTUAL LOCATION (IF DIFF | ERENT THAN ABOV | E) | | FROM: | | | |
| 7. PHYSICAL AD | DRESS OF PRINCIPAL PLACE OF BUSINE | SS (Show street addre | ess) | | (mm/dd/yy) | | | |
| | | | | | | | */ | |
| 8. CITY | STATE | | ZIP COD | E | TO: Jun | e 30, | | |
| | SEC | TION II - TAX COMPI | JTATION | | | (33) | | |
| TAX CLASS I | DESCRIPTION (FOR ITEMS MARKED*, SEE | INSTRUCTIONS) | MONTHLY | ANNUAL | LOCATIONS | TAX DUE | CODE | |
| | (a) | , | (b) | (c) | (d) | (e) | (f) | |
| RETAIL | Liquors (Distilled spirits, wine or beer) | | \$20.83 1/2 | \$250 | | | 11 | |
| DEALER | Beer only | | \$20.83 1/3 | 250 | | | 12 | |
| | Liquors (Distilled Spirits, Wine or Beer) - at | large | \$20.83 1/2 | 250 | | | 15 | |
| | Beer only - at large | | \$20.83 1/2 | 250 | | | 16 | |
| WHOLESALE | Distilled spirits, wine or beer | | \$41.66 2/3 | 500 | | | 31 | |
| DEALER | Beer only | | \$41.66 2/3 | 500 | | | 32 | |
| BREWER | Regular rate | | \$83.33 1/2 | 1000 | | | 41 | |
| Biterieit | REDUCED rate* | | \$41.66 ² / ₃ | 500 | | | 43* | |
| NONBEVERAGE | DRAWBACK CLAIMANT | | | 500 | | | 51 | |
| INDUSTRIAL | User of specially denatured alcohol | | \$20.83 1/3 | 250 | | | 55 | |
| ALCOHOL | Dealer in specially denatured alcohol | | \$20.83 1/3 | 250 | | | 56 | |
| ALOGINOL | User of tax-free alcohol | | \$20.83 1/3 | 250 | | | 57 | |
| ALCOHOL | Proprietor of alcohol fuel plant | | \$83.33 1/3 | 1000 | | | 58 | |
| PRODUCERS | Proprietor of alcohol fuel plant - REDUCED | * | \$41.66 ² / ₃ | 500 | | | 59* | |
| MODUCENS | Proprietor of distilled spirits plant | | \$83.33 1/2 | 1000 | <u>;</u> | | 81 | |
| | Proprietor of distilled spirits plant - REDUC | FD* | \$41.66 ² / ₃ | 500 | | | 86* | |
| | Proprietor of bonded wine cellar | EU. | \$83.33 1/3 | 1000 | | | 82 | |
| | Proprietor of bonded wine cellar - REDUCE | :n* | \$41.66 2/2 | 500 | | | 87* | |
| | Proprietor of bonded wine warehouse | | \$83.33 1/3 | 1000 | | | 83 | |
| | Proprietor of bonded wine warehouse - RE | DUCED* | \$41.66 2/3 | 500 | | | 88* | |
| | Proprietor of taxpaid wine bottling house | DOOLD | \$83.33 1/2 | 1000 | + | , | 84 | |
| | Proprietor of taxpaid wine bottling house - I | SEUTICED* | | 500 | | | 89* | |
| TORACCO | Manufacturer of tobacco products | NEDOCED | \$41.66 ² / ₃ \$83.33 ¹ / ₃ | 1000 | | | 91 | |
| TOBACCO | Manufacturer of tobacco products - REDUC | `E∩* | \$41,66 2/2 | 500 | | | 95* | |
| PRODUCTS | Manufacturer of tobacco products - NEDOC Manufacturer of cigarette papers and tubes | | ··· | 1000 | | | 92 | |
| | | | \$83.33 1/3 | | | | | |
| | Manufacturer of cigarette papers and tubes | - VENAČEN | \$41.66 2/3 | 500 1000 | | | 96* 93 | |
| | Proprietor of export warehouse Proprietor of export warehouse - REDUCE | Π* | \$83.33 1/3 | 500 | + | | 93 97* | |
| MAKE CHECK OF M | ONEY ORDER PAYABLE TO "BUREAU OF ALCOHO | | \$41.66 ² / ₃ | | TOTAL TAY D | L | 91 | |
| DENTIFICATION NUI PA 15250-7962. Under penalties of per | MBER ON THE CHECK AND SEND IT WITH THE RE jury, I declare that the statements in this return/registral | TURN TO BUREAU OF AT | F, P.O. BOX 371962, P | e and belief; that | | | | |
| | y to the specified business and location or, where the literation of Title 26. United States Code 7206, is punishable | | | | | | | |

DATE

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TITLE

for not more than 3 years, or both, with the costs of prosecution added thereto.

SIGNATURE

| SECTION III - BUSINESS REGISTRATION | | | | | | | |
|---|--------------------|-------------------|------------------------|-----------------------|--------------------|---------------|--------------------------------|
| 10. OWNERSHIP INFORMATION: (Check One Box Only) | | AL OWNER | PARTNERSHIP | | CORPOR | ATION [| OTHER (Specify) |
| 11. OWNERSHIP RESPONSIBILI | TY: (Read instruc | | a separate sheet of ρ | арег | if additiona | space is ne | |
| FULL NAME | | ADDRESS | | | | | POSITION |
| FULL NAME | ADDRESS | | | | | POSITION | |
| FULL NAME | | ADDRESS | | | | POSITION | |
| FULL NAME | | ADDRESS | | | | | POSITION |
| FULL NAME | | ADDRESS POSITION | | | | | POSITION |
| 12. GROSS RECEIPTS less | s than \$500,000 (| (See instructions | s for reduced rate tax | paye | rs on the at | tached instru | uction sheet) |
| 13. NEW BUSINESS (NOTE BEVERAGE SALES BEC BUSINESS COMMENCE | GAN; PRODUCEI | | | | | DATE OF | CHANGE (mm, dd, yy) |
| 14. EXISTING BUSINESS W | VITH CHANGE IN | 1 : | | | | | |
| (a) NAME/TRADE | E NAME (Indicate | e) | | | | | HANGE (mm, dd, yy) |
| (b) ADDRESS (In | dicate) | | | | | DATE OF C | HANGE (mm, dd, yy) |
| ☐ (c) OWNERSHIP (Indicate) | | | DATE OF C | F CHANGE (mm, dd, yy) | | | |
| (d) EMPLOYER II (OLD: | | | | DATE OF C | HANGE (mm, dd, yy) | | |
| (e) BUSINESS 7 | TELEPHONE NU | MBER | | | | | |
| 15. DISCONTINUED BUSIN | ESS | | | | | DATE BUS | NESS DISCONTINUED (mm, dd, yy) |
| PAPERWORK REDUCTION ACT NOTICE This information is used to ensure compliance by taxpayers of P.L. 100-647, Technical Corrections Act of 1988, and the Internal Revenue Laws of the United States. ATF uses the information to determine and collect the right amount of tax. The estimated average burden associated with this collection of information is .8 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. | | | | | | | |
| | (SE | E ATTACH | IED INSTRUC | CTIC | ON SHE | ET) | ATF F 5630.5 (10-99) |
| | | | | | | | ~!! I 0000'0 (10-99) |